

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention | DOWNHOLE SAMPLING TOOL AND METHOD FOR USING SAME | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------|-------------|--|-------------|-----------|-------------|--------------------|-------------------|-----|------|--|-----|------------------------|---|------|----|---|--|--|--|--|--|
| Application Number : Date : First Named Applicant: JEFFREY A. TARVIN Attorney Docket Number: 20.2828 | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 1238 Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | | | |
| Filing as large entity | | | | | | | | | | | | | | | | | | | | | | | |
| BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table> | | | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 1001 | 770 | 770 | Subtotal For Basic Filing Fees: \$ 770 | | | | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 1001 | 770 | 770 | | | | | | | | | | | | | | | | | | | | |
| Subtotal For Basic Filing Fees: \$ 770 | | | | | | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 46</td><td>26</td><td>1202</td><td>18</td><td>468</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 468</td></tr></tbody></table> | | | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 46 | 26 | 1202 | 18 | 468 | Independent Claims : 3 | 0 | 1201 | 86 | 0 | | | | | Subtotal For Extra Claims Fees: \$ 468 |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | |
| Total Claims : 46 | 26 | 1202 | 18 | 468 | | | | | | | | | | | | | | | | | | | |
| Independent Claims : 3 | 0 | 1201 | 86 | 0 | | | | | | | | | | | | | | | | | | | |
| | | | | Subtotal For Extra Claims Fees: \$ 468 | | | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit account number: | 190610 | | | | | | | | | | | | | | | | | | | | | | |
| Access Code | ***** | | | | | | | | | | | | | | | | | | | | | | |
| Deposit name: | SCHLUMBERGER OILFIELD SERVICES | | | | | | | | | | | | | | | | | | | | | | |
| Deposit authorized name: | BRIGITTE L. JEFFERY | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | BRIGITTE L. JEFFERY | | | | | | | | | | | | | | | | | | | | | | |
| Date (YYYYMMDD): | 2004-06-18 | | | | | | | | | | | | | | | | | | | | | | |
| Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17. | | | | | | | | | | | | | | | | | | | | | | | |